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The California Medical Journal

D. MACLEAN, M. D., EDITOR.

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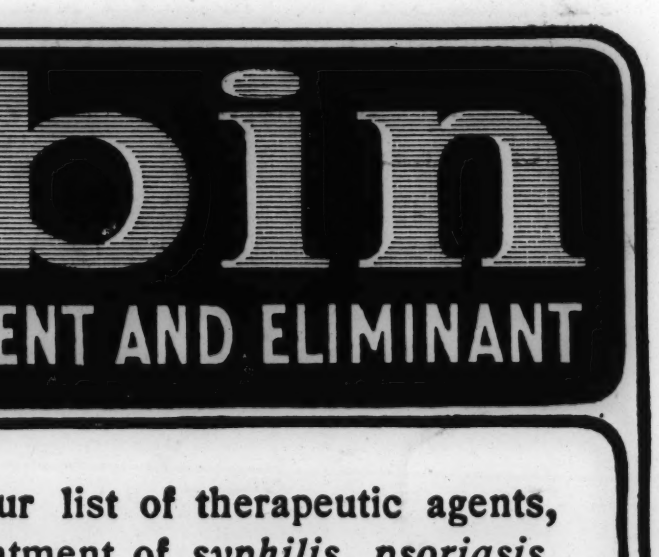

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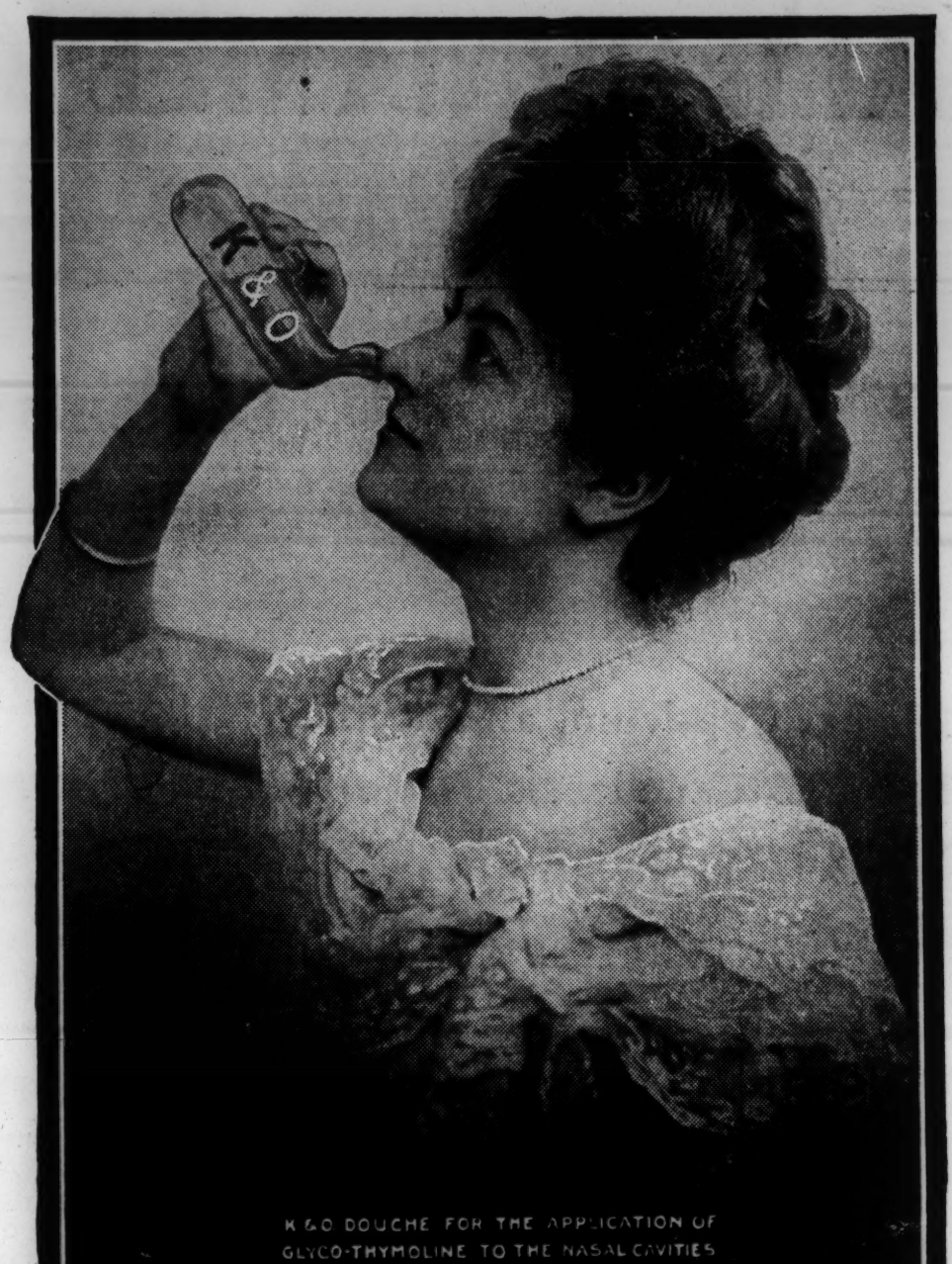

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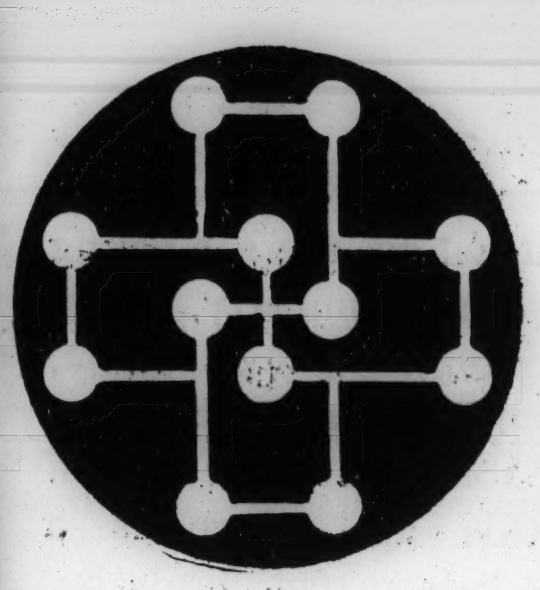

are powerless to aid the digestion of fats. According to Dr. N. S. Davis, Jr., emulsions " made by mechanical processes or by simple suspension of the oil in fluids thickened with gum arabic, sugar, and other viscid substances, do not aid digestion. An emulsion made with pancreatic extract may do so."—*Cohen's Sys. of Physiologic Therapeutics.*

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CALIFORNIA MEDICAL JOURNAL.

VOL. XXVIII. MAY, 1907. No. 5.

Lobelia, Capsicum, and Myrica.

BY JOHN ALBERT BURNETT, DEAN SPRING, ARKANSAS.

I will first tell something of lobelia, capsicum and myrica separately and then tell of their use in combination. These three remedies were used by Samuel Thomson the founder of the physio-medical system of medicine.

He called lobelia inflata No. 1, capsicum No. 2, and myrica cerifera No. 3, or used a compound that he called No. 3, which myrica was a substitute or one of the ingredients. Lobelia was used mostly or entirely for its emetic action by the early botanic physicians as it did the work much better than any other remedy, and today there is no known remedy equal to, or that will begin to compare with lobelia when an emetic for systemic effect is desired. It arouses all the vital forces, and accomplishes much that no other remedy can do. Of course when it is desired to only empty the stomach lobelia should not be used, as salt water, or salt and mustard seed in warm water is much better, or even a hypodermic of apomorphine. Lobelia is used at the present time for many conditions and no emetic action produced; but when used this way the dose is very small. It is a valuable adjunct for such diaphoretics as amphiachyris dracunculoides asclepias tuberosa, and corallorhiza odontorhiza and many other diaphoretics when used as febrifuges.

In stubborn cases which seem to resist the indicated remedy an emetic will arouse the system in such a way that the indicated remedy will take hold.

Capsicum is one of the best stimulants we have. It is a substitute for alcohol for all purposes where alcohol is generally used, and is harmless.

Capsicum will increase or hasten the action of other remedies. It has controlled uterine hemorrhages and congestive chills.

Myrica cerifera, which is known by the name of bayberry, is a very important remedy in many diseased conditions and is not as well known as it should be. It has been used mostly by physio-medical physicians. Full information on this remedy can be found in my article "Myrica cerifera," July, 1906, *Eclectic Medical Journal*. A combination of equal parts of lobelia, capsicum, and myrica makes a very valuable compound for many conditions.

This compound will control uterine hemorrhages of all kinds that can be controlled by the internal use of medicine. It is the favorite remedy with a professor of obstetrics in a medical college for post partum hemorrhage. Of course in all cases of post partum hemorrhage the uterus should be manipulated, and it may, in most instances, be necessary to insert the hand in the uterus. This compound is a very valuable remedy in cases of obstetrics where the pains linger on without getting harder or labor progressing any. It can be used in place of ergot to bring on pains, and for all conditions where some physicians use ergot with equally good results. I stimulated the pains in one obstetric case with this compound where ergot had failed.

Physicians who practice in malarial districts should not forget this compound for it is of much value in malarial hematuria. It makes a good febrifuge in most cases of fever and is a good cough remedy. Very good results can be obtained from its use in subinvolution of the uterus.

There are many other diseases in which this compound will prove to be of great value which any physician can readily see if he is aquainted with the therapeutic action of these three remedies. When combined the action of each remedy is increased. In some cases it will be best to give lobelia and capsicum each one part and myrica two parts.

These remedies act well by infusion, in fact there is no better way of using them, but as infusions are not popular at present and most patients will talk about a doctor "teaing" them, it is best to use the fluid extracts of lobelia and myrica and the tincture of capsicum. If an infusion is used care should be taken not to get the lobelia too warm as too much heat destroys its action. The granules of lobelin, capsicin and myricin can also be used if desired.

I find that when the alkaloid of a drug represents its therapeutic action that it is all right to use the alkaloid, but have never learned to like concentrations any better than fluid extracts or tinctures.

The alkaloid of lobelia is rarely or never used while there has never been any alkaloid found in myrica that I am aware of.

There has been an oil made from each of these remedies except from myrica. The manipulation of many remedies destroy their therapeutic action on account of many pharmacists

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not knowing their peculiarities; this is why a physician should always get his remedies from a reliable and qualified pharmacist.

Hydrastis Canadensis.

BY P. F. BULLINGTON, M.D., CHICO, CALIFORNIA.

Transactions of the American Materia Medica Club.

In writing my experience with hydrastis canadensis I shall not endeavor to give any new uses of the remedy, but simply confirm some experiences already written for the Club.

Since my graduation in 1892 I have used hydrastis continuously in my practice with much satisfaction, but not as a single remedy entirely.

In such an experience it would be impossible to give the remedy full credit for the good accomplished, as well as unjust to the remedies used in conjunction with it.

I have profited much already from the discussion of hydrastis, and some new uses of the remedy have been brought to my attention.

It is my opinion that the greater part of the good resulting from the use of hydrastis is through its tonic effect upon the system. If we give a weak and hungry man an ounce of whiskey, he soon feels strong and invigorated; this effect comes from the stimulation and soon passes away. If we should give the same man, instead of the whiskey, four ounces of wholesome beefsteak he would soon begin to feel a sense of satisfaction and a returning of his former strength; this, too, is a stimulating effect, but of a tonic and lasting nature—is life itself. So with hydrastis, when compared with other stimulating drugs, it acts more like the beefsteak (though not a food), and its action is slower though more lasting. Its effects are more marked upon the mucous and glandular systems, than upon other portions of the body.

As a remedy for stomach disorders, either acute or chronic, resulting from atony we have none better. In all ulcerated or hemorrhagic conditions of the mucous membranes, resulting from capillary congestion, hydrastis is one of our best remedies.

In chronic malaria, hydrastis combined with gelsemeum and bryonia, will relieve often when quinine has failed.

In night sweats of pulmonary consumption, or following typhoid fever, pneumonia, grippe, or rheumatism, hydrastis is a reliable remedy.

Locally, hydrastis is a good remedy. I often use it as a gargle in diphtheria and tonsillitis with good results.

In simple conjunctivitis, gtt. x. spec. med., or a good fl. ext. to the ounce of water dropped in the eye every two or three hours often cures in short order.

In gonorrhœa an injection by by-

drastis is preferable to the slow salts.

Hughes, of England, says: That he knows of no remedy so generally beneficial in simple constipation as hydrastis. It is especially a remedy for this condition in children. The following case is characteristic: Child a year old and constipated from birth. Cathartics and tepid water enemas had failed. Tincture of hydrastis, gtt. ij. was given twice a day; in a few days the difficulty was overcome, and had not returned after a year. If the stools delay a day a single dose is sufficient to restore the bowels to a normal state; at the same time the appetite, digestion and assimilation of the child was improved.—Eclectic Med. Journal, 1874, p. 275.

Vertex headache in paroxysms every other day, commencing at 11 o'clock a. m. with excessive nausea, retching and anguish. Hydrastis.—Raur's Record, 1873, p. 40.

Diarrhœa—Patient wants to walk about, indicates hydrastis.—J. C. Morgan.—*Ibid.*

Hibbard reports a case of constipation in a child relieved by drop doses of tincture of hydrastis.—Raur's Record, 1874, p. 201.

H. F. Hunt recommends hydrastis in three cases of hemorrhoids where a small loss of blood is followed by excessive prostration.—Raur's Record, 1874, p. 202.

In sore mouth of nursing women where the tongue is large and indented by the teeth, hydrastis relieves. W. M. Williamson.—Raur's Record, 1874, p. 106.

Leucorrhœa (Gurnsey's Obstetrics, p. 647.) Hydrastis. Yellow leucorrhœa, of a very tenacious character; long threads or pieces in it; sometimes offensive.

Hydrastis.—For simple abrasion or other form of ulceration, low malignant and cancerous; much gastric disturbance, flatulence, and constipation; sinking or weak feeling in the epigastrium.--Gurnsey's Obstetrics, p. 685.

Smallpox.—Hydrastis when the pustules are dark colored and there is great prostration; the face very red, itches and tingles, and there is facial œdema quite marked, and the throat very sore.—Gurnsey's Obstetrics.

Eczema Frontalis—There is a form of eczema that attacks the forehead along the roots of the hair. It comes on after catching cold, and itches when the patient is warm, or the surface dry, and oozes after being washed. Hydrastis 1 x, cured after other remedies failed. R. T. Cooper.—Raur's Record, 1872, p. 96.

Gonorrhœa and gleet with debility; painless, with copious discharge, indicating hydrastis.—Raur's Record, *Ibid.*

Repeated attacks of "indigestion," not obviously due to some other condition, should awaken the suspicion of gall-stones. Most of the patients operated upon for cholelithiasis give a history of having been treated for a long time for "dyspepsia," and in many of these cases the correct diagnosis might earlier have been established.—*American Journal of Surgery.*

Typhoid Appendicitis.

BY RUSSELL S. FOWLER, M. D.

Part of discussion on typhoid fever before the Verein Deutscher Aertze, October. 1906.

Typhoid appendicitis is not as simple a matter either pathologically or clinically as its name indicates. We have to deal with all the varieties of appendicitis per se and to these may be added true typhoidal elements.

Clinically the disease is far easier to study than to work out the true pathological conditions. Clinically we have the following classification:

1. Appendicitis preceding typhoid fever occurring some seven to ten days before the development of the typhoid. These are cases of appendicitis which may or may not have typhoidal elements in their causation. The symptoms are typical of appendicitis. There is leucocytosis with a high percentage of polymorphonuclear neutrophiles. Clinically these cases cannot be differentiated from each other. Microscopically in those cases which are the prodormal lesion of a later typhoid will be found evidence of typhoid.

2. True typhoid appendicitis occurring at the onset of tyhhoid fever and rapidly followed (in two or three days) with indubitable evidence of typhoid. Clinically these cases are mild in character, though the onset is sudden and the initial pain is severe. These are the cases usually seen and in which the question of differential diagnosis is most frequently asked. Pathologically they are cases in which the appendix is markedly involved in the typhoid process, but in which secondary infection of pus organism does not as a rule occur. These are true cases of typhoid fever, with sufficient involvement of the appendix in the typhoid process to produce localizing symptoms. As before stated, the appendical involvement is mild in character, the initial pain, tenderness and slight rigidity subsides quickly, the initial leucocytosis recedes, and the case pursues a typic typhoid course. These cases must be watched carefully for a recurrence of the localizing symptoms, for the locus minoris resistentiæ, for perforation exists in the appendix in these cases. Nor is the danger over even when convalescence is well established, nor even months afterward, for the appendix being at its best of but slight resisting power, may have been so injured by ulceration of its mucosa as to fall an easy prey to later infection. Such late infection can usually be supposed to have its predisposing cause in the typhoid fever if the history of symptoms of appendicitis during the course of the preceding typhoid fever can be obtained. It may be possible to obtain a typhoid culture in these cases.

3. Appendicitis may complicate typhoid at any time in the course of this disease. Such complication is accompanied by typical symptoms of appen-

dicitis in its various forms. It is to be differentiated from typhoid involvement of the appendix going on to perforation, from localized peritonitis in the right iliac region due to transudation of infection without perforation in the neighborhood, and from perforation without localization in this region. In the differentiation of these various conditions we are aided by the character of the initial symptoms. Progressive symptoms with slowly increasing leucocytosis are in all probability due to appendicitis (which may go on to perforation), or to transudation of infection with localization proceeding pari passu. Sudden symptoms with rapidly high leucocytosis and excess of polymorphonuclear neutrophiles point to perforation, which may be in the appendix or in the lower ilium.

4. Appendicitis may follow typhoid after several months. These cases are susceptible of division into two classes, (a) true appendicitis; (b) appendicitis having its predisposing cause in the typhoid infection. The latter has been discussed in Class 2. Both varieties may follow any of the devious courses of appendicitis.

Concerning the latter may be added the observation that latent typhoid germs may cause a late appendicitis, just as latent typhoid infection causes cholecystitis or abscess in other tissues.

With all the complexity of symptoms and conditions the question naturally arises: What is one to do in an individual case? The first question to be answered is what gives the patient the best chance for final recovery. In Class 1 this question is answered by treating the case on its merits as one of appendicitis, with no thought of typhoid fever element. If operation is done, and in the author's experience operation is always indicated when the diagnosis has been assured, no harm is done the patient, for the offending organ is easily removed, and the operation has no unfavorable effect upon the course of the typhoid fever, should such fever follow.

In dealing with Class 2 we have cases in which the skilled diagnostician is uncertain as to the character of the case. The onset of the general indefinite symptoms of typhoid precedes the sharp attack of appendicitis. One is uncertain whether the case is one of true appendicitis, or the early involvement of the appendix in a typhoid inflammation. In such cases, if the symptoms are not indubitably those of appendicitis and be not severe, the consensus of opinion is to wait. To my mind, if the symptoms are sufficiently pronounced to warrant the diagnosis of appendicitis, it is the best to operate. The operation is not severe; in our own hands it rarely takes longer than ten minutes, and is attended by slight, if any, shock. Having made our diagnosis and removed the inflamed appendix, we no longer need to worry over the possibility of later infection (*vide* Class 2), at a time when the patient is very ill-fitted indeed to stand operative interference of any kind.

In the treatment of Class 2, appendicitis occurring in the course of the fever, there are other things to be con-

sidered besides the appendicitis itself. The severity of the appendicular inflammation, its differential diagnosis from other lesions in the neighborhood, i. e., localized transudated infection, and perforation of the ilium —the facilities present for operation (it must not be forgotten that many of these cases occur in private homes and at a distance from skilled operators), the general condition of the patient, the time during the course of the fever when the acute symptoms occur, all these and many others which will naturally present themselves to the attending physician must be considered. No one will deny that with symptoms of perforation the most logical course, and the one most suited to the occasion, is to operate within a few hours, that is, as soon as the primary shock is recovered from. Even so, operation may be advised against for some of the reasons cited above. Conservative treatment is to be used in mild cases unless the condition of the patient is such as to give a very favorable prognosis for the operation.

The following cases are illustrative of the various types:

CASE NO. 1. *Appendicitis Occurring at the Onset of Typhoid Fever.*—M. K. (M. E. H., 10047), female, age 15. Was admitted September 28, 1898, with the following history: One week before she commenced having a dull heavy feeling in the right iliac region, accompanied with some fever. This was followed on the next day by pain, which gradually grew worse, and three days later became very severe, and was accompanied by nausea and vomiting. These symptoms persisted, the pain lessened at times, and the vomiting occurring at varying intervals. On the day of admission she had a chill, and the pain became very severe. When I saw her the temperature was 102.4° F.; pulse 104; respiration, 24. There was rigidity of the right rectus and tenderness, but not so much as one would expect with the degree of fever present. The pain, aside from the tenderness, was severe. Operation disclosed an appendix somewhat reddened, in the shape of a corkscrew and curved twice upon itself. It was removed and the cecal wound inverted with a silk purse-string suture. The abdominal wound was closed throughout. Gross examination of the appendix revealed a much thickened and acutely inflamed mucosa and an interstitial appendicitis.

Aftercourse.—The temperature on the day following the operation was 101.8°; on the succeeding day varied from 99.6 to 103.2°. The patient was chinconized, and for two days the temperature was lower, but rose again on withdrawing the quinine. Rose spots were noted on this day. Typical typhoid temperature persisted from now on to October 20th, when the fever fell by lysis and was normal October 29th. From then until November 14th the temperature remained normal, and on that date the patient was discharged cured. At no time was there any wound disturbance.

CASE NO. 2. *Appendicitis Occurring Early in Typhoid Fever and Recurring Late in the Disease.*—L. K. (G. H., 9148), female, age 18, was admitted

to the German Hospital, service of Dr. Wuest, June 5, 1906, with the following history: One week before she was taken with severe frontal headache, vomiting and diarrhœa. Her stomach would retain nothing, and she became so weak that she was compelled to go to bed. She had fever, and in the beginning had an occasional chill. When admitted the temperature was 103.4° F.; pulse, 120; respiration, 28; heart and lungs negative; some abdominal distension; tongue coated brown. There was slight abdominal discomfort. The usual typhoid treatment was instituted —alcohol sponge when temperature rose to 103° F., saline enemata, milk diet. June 6th, Diazo's examination of the urine negative. June 7th, the abdominal discomfort increased, and I was requested to see the case in consultation. My examination disclosed a point of maximum tenderness over the appendix, with slight rigidity of the right rectus. There was moderate distention. On deep palpation a thickened appendix could be made out. Rectal examination negative. A blood examination showed a leucocytosis of 11,200; polymorphonuclear, neutrophiles, 62%; lymphocytes, 19%; mononuclears, 17%; eosinophiles, 2%. Temperature, 103° F.; pulse, 98; respiration, 26. There was the dull headache and dull apathetic look of typhoid. My diagnosis was appendicitis complicating typhoid fever. I advised operation. This was refused. June 7th, Widal's reaction positive. Leucocytosis 9,400. The temperature ran an irregular course, varying from 104° to 100° F., until July 14th, the 39th day of the patient's stay in the hospital. From that time until July 20th the temperature remained about 101° F. During these six days the stools, which had previously shown typhoid characteristics, became normal in color, vomiting began and became rather frequent. July 20th a mass was discovered in the right iliac fossa. I was again requested to see the patient. Examination disclosed a large abscess in the right iliac fossa. Blood examination showed a leucocytosis of 11,800; polymorphonuclear neutrophiles, 72%; lymphocytes, 17%; transitional, 10%; eosinophiles, 1%. I again advised operation, to which consent was given.

Operation, July 20th.—A right rectus incision brought to view a large mass bounded by the lateral abdominal wall, the cecum, and below by loops of small intestine. The general peritoneal cavity was protected from infection by walling it off with laparotomy pads. The cecum was then gently separated from the lateral abdominal wall, allowing the escape of a considerable quantity of very offensive pus. The abscess cavity and the wound were cleaned with equal parts of hydrogen peroxide and saturated solution of bicarbonate of soda, flushed with normal saline solution and then dried. The appendix was sought for and found adherent to the wall of the cecum and extending in an upward direction. It was dissected away, its base ligated with cromic catgut, the friable condition of the cecum not permitting of typic inversion. Upon re-

moval the appendix was found perforated at the tip. A rubber drainage tube with additional gauze strips was inserted to the depth of the abscess cavity and the wound closed, except for the emergence of the drain

Course Following Operation.—The temperature which on the morning of the operation was 102° F., fell on the fourth day thereafter to 100° F., and thereafter did not rise above that point. The temperature at no time resembled septic wound temperature, but rather the subsidence of typhoid infection. The wound discharged freely, requiring two dressings daily at first. On the eleventh day the rubber drainage tube was removed. Eight days after the operation the diet milk was added to, and one week thereafter a moderately full diet was allowed. This was attended by no bad results. The patient was discharged cured September 22d.

CASE NO. 3. *Appendicitis Following Typhoid Fever*—A. H. (G. H., 9307), male, age eleven years, was admitted to the German Hospital, service of Dr. Moser, June 28, 1906, with the following history: Seventeen days before the patient began to have headache and vertigo. He vomited twice that day. There was loss of appetite and constipation, the latter relieved by cathartics. He gradually grew weaker and apathetic. On admission the patient looked dull, apathetic, and somewhat emaciated. The tongue was dry, heavily coated, the edges red, and the papillæ prominent. Heart and lungs normal. There was slight abdominal distension. There were a few rose spots scattered over the abdomen. The spleen was slightly enlarged and palpable. Temperature, 103.6°; respiration, 32; pulse, 120, and of poor quality. Urine negative. Widal reaction positive.

The case ran a severe typhoid course until August 1st when the temperature became normal and remained so for two days. From August 3d until the 18th a temperature of about 100° F. persisted. From then until the 23d the temperature was approximately normal. On August 22d there was a sudden severe pain in the abdomen at 9 A. M.

I was requested to see the case, and did so at 11 o'clock. The temperature was then 99° F. There was excessive tenderness over the appendix, rigidity of the right rectus and some distension. There was no collapse, but the patient was in very poor general condition. Blood examination showed a leucocytosis of 10,000. I advised immediate operation, but consent was not obtained until the following day. In the meantime the temperature rose to 101° F., and remained at that point until the operation.

Operation Aug. 23d, 1 P.M.—Three inch outer rectus incision. There was considerable free sero-pus in the peritoneal cavity, the intestines were only moderately congested, the appendix was slightly adherent, enlarged, inflamed and perforated near the tip. There was no local abscess. It was removed in the typic manner and the resulting wound in the cecum inverted. The pelvis was dried with

stick sponges, the peritoneal cavity flushed with saline, and finally dried as thoroughly as possible. The wound was closed without drainage.

Course Following Operation.—The patient reacted well from the operative shock. The temperature reached normal on the third day, and remained normal thereafter. There was slight skin infection. The deep sutures were removed on the fourteenth day, and the case discharged cured on the 24th day.—*New England Medical Monthly.*

Surgical Suggestions.

A fluctuating swelling appearing between the ribs may, of course, be tuberculous or syphilitic in origin, but it may also be an extension of an intra-thoracic growth, *e. g.*, dermoid cyst of the mediastinum. In all such cases, therefore, a careful examination by auscultation and percussion, should be made.

A pulsating swelling in the midline of the abdomen should not be too quickly accepted as an aneurism of the aorta. It may be a retroperitoneal tumor.

Before operating for sarcoma examine the lungs carefully. Do not operate if the patient has persistent cough and blood-stained sputum (not due to tuberculosis), even though no definite signs are found in the lungs —a metastasis has developed.

The tenderness in appendicitis may not be (probably usually is not) just at McBurney's point. The base of the appendix is, however, usually at, or near, that point. The site of greatest tenderness is often over the tip of the appendix. A line drawn between that site and McBurney's point will many times represent the general direction in which the appendix is lying.

In cases of chronic appendicitis, if an examination be conducted with the patient in a hot bath (105° F.), the thickened appendix may often be felt to roll under the finger.

A convenient way in which the anesthetist may carry, all sterilized and ready for instant use, his hypodermatic solutions, is the following: Shallow, wide-mouthed, half-ounce bottles are sterilized, labeled and filled. Over the mouth of each bottle is then stretched and hermetically fastened, a cover of sterilized rubber (dam). Before the narcosis is begun the anesthetist disinfects his syringe and sets these bottles in a dish of sublimate solution. This sterilizes the surface of the rubber. When a solution is wanted the needle of the hypodermatic syringe is simply thrust through the rubber and as much as is needed is drawn into the barrel. The puncture hole closes without leakage. The covers of the bottles need to be changed only occasionally.

Nitrate of silver may be attached in full strength to the end of a probe, as for application in the middle ear, by heating the tip of the instrument and pressing it into the stick of caustic; a little of the latter will melt and form a bead on the probe when it cools.—*American Journal of Surgery.*

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BY F. J. PETERSEN, M. D.

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D. Maclean, M. D., Editor.

F. C. Maclean, M. D., Mgr.

Published Monthly, $1.50 per year.

964 Dolores St., San Francisco, Cal.

Editorial.

REVOCATION OF LICENSE.

Judge A. H. McVey of Iowa in granting a permanent injunction against revocation of a license to practice medicine, declared that: "I am clearly of the opinion of the whole case under the Authorities that the right to practice medicine once being conferred and exercised for a number of years by a physician, is not only a right, but is the exercise of a liberty which amounts to property, and that the holder of such a certificate cannot be deprived of his right to practice medicine without due process of law."

This seems good doctrine and good law. A man's license to practice medicine is as much property as a farm or city lot. It is obtained by diligence, time and money, and no one should be deprived of his property by a board unknown to the Constitution, for adjudicating property rights.

SUBSTITUTION.

The question of substitution is an important question to the patient and physician. The druggist who substitutes is shunned by the medical profession as a dangerous man to the community.

Justice Gaynor of Brooklyn, New York, has rendered a peculiar decision on this question. The doctor prescribed 4 oz. of Elixir Pinus Compositus cum Heroin (Merrell's). The druggist not having the compound called for, substituted another compound containing morphine, and added 1-24 of a grain of heroin. The Merrell Compound does not contain morphine. The Justice dismissed the case against the druggist on the ground that the substitution did not injure the patient.

This is a dangerous decision; giving the druggist authority to substitute without fear of damage suit as long as the patient is not injured.

MILK SUPPLY.

Since the unpleasantries of a year ago in this city the milk supply has not been of the best. The Board of Health, owing to the destruction of its laboratories and want of funds, has not been able to oversee the quality of the milk distributed by the dealers. The laboratories are now restored and inspectors set to work, and there is scurrying to be good among the dairymen.

Milk has been found diluted below the standard and bacteria above 6,000,000 to the C. C. There is no particular danger in the dilution to the adult, but babes suffer in the deficiency of fats.

The examinations made by the Board of Health point conclusively that milk must be pasteurized in order to be wholesome. The distributor is

not always to blame. He buys his milk in the country, and the danger is from the unsanitary condition of the country producer.

The city cannot control conditions in the country; it must be done by State legislation. The city, however, can protect its citizens from unwholesome milk, by passing an ordinance to have all milk pasteurized, either by the city or the distributors.

The Eclectic Medical Institute of Cincinnati held their Sixty-second Commencement, April 17th. Thirty-one students were graduated.

Dr. Dougall and Dr. Munk of Los Angeles were both in town during the month.

The members of the Tennessee Eclectic Medical Society will be the guests of the Nashville Eclectic Medical Society at lunch, May 14th. The editor was invited but had regretfully to decline.

A practice good for $2000.00 to $3000.00 a year, in Southern California, can be had by taking some household furniture and some office fixtures and supplies to the amount of $250.00 to $300.00 cash.

For particulars, address this office, enclosing stamp for reply.

National Association Bulletin for May

In presenting the list of Section Officers, whose duty it is to solicit articles and essays for the National Association meeting as well as to preside over the respective sections in their sittings, let us urge and bespeak for them prompt and courteous replies to their letters.

Whether or not you are solicited, if you have an essay or an article on some important or interesting subject bring it along, or if impossible for you to attend, send it to the secretary and have it reported by title in the proper section, and thus aid the work of making the meeting and the Transactions valuable, interesting and instructive.

This splendid array of section officers alone can not have a successful meeting. The individual cooperation is necessary and we trust all will loyally support each endeavor that all alike may rejoice in the attainment of success.

Very fraternally,

WM. P. BEST,
Rec. Sec.

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And all other members of the State and kindred societies.

Instructions to National Delegates Regarding Railroad Tickets.

The dates of sale of tickets to Los Angeles or San Francisco will be, in Eastern Territory, June 8th to 12th. In Central Territory, June 8th to 15th, In Western Territory, June 9th to 16th. The going limit will be August 26th. Stop-overs will be allowed on the going or return journey at, and west of, Missouri river common points which is on a line with Kansas City. In purchasing tickets be sure they read over the route you propose to travel both going and returning. Those who intend returning via Portland will purchase tickets to San Francisco and will stop-over at Los Angeles. Others will purchase tickets to Los Angeles. Tickets must be validated at San Francisco or Los Angeles before starting on the return journey. The validation fee will be 50 cents. The location of the validation offices are 217 West Second St., Los Angeles and 789 Market St., San Francisco. Return journey must begin on date of validation.

Those who will return via Salt Lake City, Denver, Colorado Springs and Manitou, must have their tickets validated every six days, e.g., if after leaving Los Angeles say June 22nd, we stop-over at San Francisco so long that we can't reach next stop-over point by June 28th, we must have our tickets validated the day we leave there which will give us six days extension. No charge will be made for validation during return journey. The only other validation necessary will probably be at Colorado Springs office No. 1 Pikes Peak Ave. The final return limit will be August 31st. At stop-over points where tickets are to be validated they must be deposited at Joint Agency office, immediately upon arrival. Those who return via Portland need not have their tickets validated during return journey. On tickets from Texas and Louisiana and points between Albuquerque, N. M. and Deming, N. M. inclusive, one way via Portland, $17.50 must be added to direct line rates and no rate shall be less than $68.90. From other points the rate is $12.50 additional.

H. H. HELBING,
Cor. Sec'y.

Ten and a half years ago Theodore D. Buhl cast in his lot with this house. Throughout that period he has given us the benefit of his large experience, his sound judgment, his great power in the commercial world, his granite credit reared on an unwavering honesty. As President of the house he was the perfect type of integrity and fidelity to all the stockholders. His high sense of duty as a trustee pledged to administer the property and guard the interests of others, was ever uppermost in his thoughts. The peculiar responsibilities and hazards of our work—our obligations as purveyors to the medical profession and to suffering humanity, were to him always a solemn appeal. The ultimate triumph of character in business was with him a conviction as deep and strong as instinct. The remote future and the distant prize concerned him more than the present gain.

The strength which he gave this house and all the many enterprises in which he shared, signally exhibits what the world should realize especially at this hour—that rich men of unflinching honesty and sound judgment are of inestimable value to their communities. They are the employers of labor, the authors of new industries, the creators of new values, the pioneers who open up vast avenues of opportunity for their followers. As they succeed or fail, the comfort, the very bread, of thousands is assured or endangered. We hear much these days of unscrupulous, predaceous wealth, but what of the type of Theodore Buhl—what of the men who consider the trust of their fellow men the best of their possessions, who have a horror of stock-jobbing methods, who never seek an unfair advantage, who never lend their names to a dubious enterprise?

As a director Mr. Buhl was the soul of courtesy, kindness and deference. As an employer he was considerate, thoughtful, mindful of the comfort, interests and claims of his employes. To their grievances he gave always a patient and attentive ear. He encouraged the manly expression of honest opinion, and when it differed from his own his effort was to convince and persuade, not to invoke his authority or impose his will. On behalf of the stockholders, employes and executives of Parke, Davis & Company we record this testimony to the lasting service rendered us by our lamented President. To the members of the bereaved family we offer our warm and heartfelt sympathy. May strength be theirs to bear their sorrow. May they find much comfort in the memory of a life rich in well-doing and in good repute.

An Efficient Formula for Use in Rhinitis.

BY DAILEY APPLEBERRY, M. D.,
St. Louis, Mo.

During the changeable spring weather it is no unusual matter for the physician to be called upon by his patients to treat their nasal troubles, among which the most common is, beyond all doubt, that catarrhal inflammation of the schneiderian membrane which is currently called rhinitis. It is that form which is not only

annoying but very often painful. Among the symptoms which may manifest themselves are pruritus as well as an accompanying anosmia, both of which are exceedingly unpleasant to those so affected. There are many practitioners who begin treating such cases by at once cauterizing the mucosa with stick nitrate of silver, with chromic acid, with the acid nitrate of mercury or even with the galvano cautery.

These are methods which are but seldom indicated and should but rarely be employed, as the results of their use culminate in scars and a disagreeable condition of the nasal cavity with the constant formation of crusts.

Not long since I had occasion to see and examine some patients affected with such catarrhal rhinitis and the appearance presented was that of an angry-looking mucous membrane whose secretion was pronounced and inclined to become purulent. In all of these patients were ordered to take appropriate tonic remedies and for local application the following was ordered to be applied three or four times daily:

R Hydrar. bichlor, gr. ¼
Katharmon - - oz. vi.

M. Sig. Use four times daily in nose.

This acted like a charm and in a comparatively short time my patients reported themselves well. It would not be a bad idea to combine white liquid hydrastis with the above; but, above all, see that there is a liberal amount of kartharmon, for that is the ingredient that does the work. Those colleagues who will employ the above formula will find it among the valuable ones they possess.

TONSILLITIS.

Inflammation in any form attacking the tonsillar region gives rise to symptoms of most distressing character and at the same time provides a most favorable soil for the entry into the system of other infections. It is well to remember that at first this disease is only a local disturbance affecting the capillary system and glandular structure and if promptly and efficiently treated will remain local. The constitutional symptoms such as fever, headache, etc., only develop when there is considerable infection taken up.

In the treatment the first indication is to increase local capillary circulation A local remedy must fill two requirements, i.e., a detergent antiseptic and a degree of permanency in effect. Many of the remedies which have been advocated for the varied forms of tonsillitis are antiseptic but they are not sufficiently exosmotic in their action to increase the circulation or else their effect is too transient. Glyco-Thymoline frequently applied in a 50% strength with a hand atomizer produces a rapid depletion of the congested area through its well defined exosmotic property, re-establishing normal passage of fluids through the tissue, promptly relieving the dry condition of the membrane and giving an immediate and lasting anodyne effect. As a gargle a 25% solution hot may

be effectively used providing the process does not cause undue pain. The external application of cloths dipped in hot water and Glyco-Thymoline in 25% solution greatly increases the venous circulation.

Thomas W. Forshee, M. D., of Madison, Ind., writing, says: "It is a pleasure to me to add my testimony to the hundreds of other physicians in attesting the merits of Sanmetto. I have used it extensively in my practice since its inception, and without any failures where it was typical. For vesical irritation in both male and female I find it perfect. Not that every case is cured by it, but when I make failures I find them due to some mechanical displacement or to tuberculous conditions. For prostatitis I have never found any remedy that approximated to it. I have used it myself with remarkable success. It is not necessary for me to say that I shall continue its use where indicated."

A recent and very plausible theory ascribes rheumatism: "to toxines formed in the alimentary canal as the result of disordered digestive functions, producing disturbances in metabolism and alteration in the tissues. The body suffering these effects of autointoxication has its vital resisttance lowered and is therefore subject to microbic invasion."

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Surgical Suggestions are practical brevities in diagnosis and treatment which have appeared in successive issues of the American Journal of Surgery, and now issued in book form. It is a useful and handy work.

Essentials of Chemistry and Toxicology—By R. A. Witthaus, A.M., M.D. Revised by R. J. E. Scott, M. A., B. C. L., M. D. Published by William Wood and Company. Price, $1.00.

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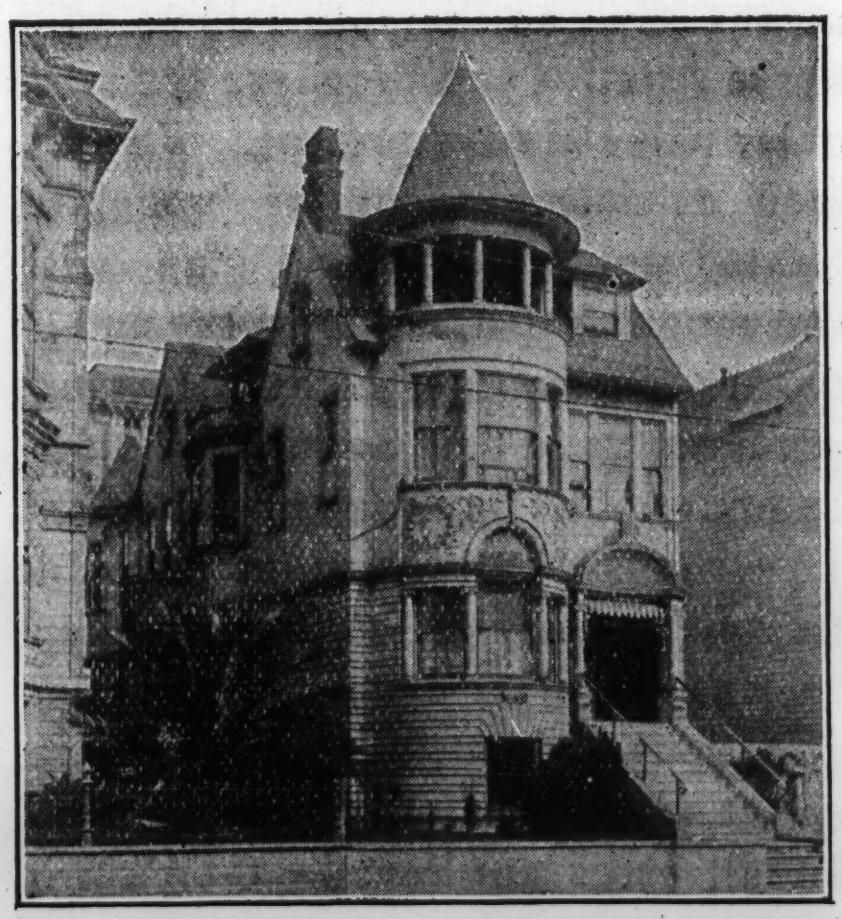

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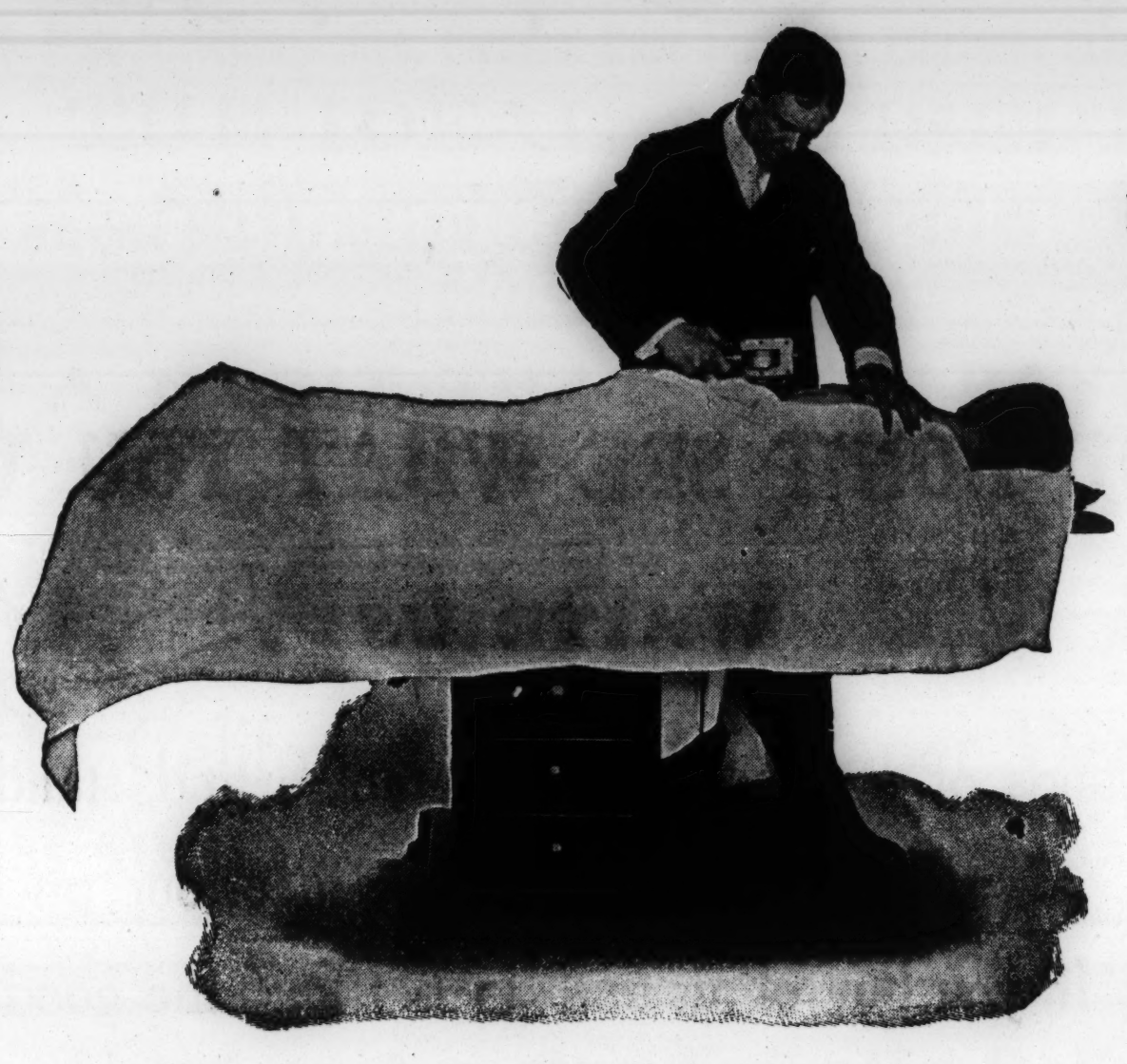

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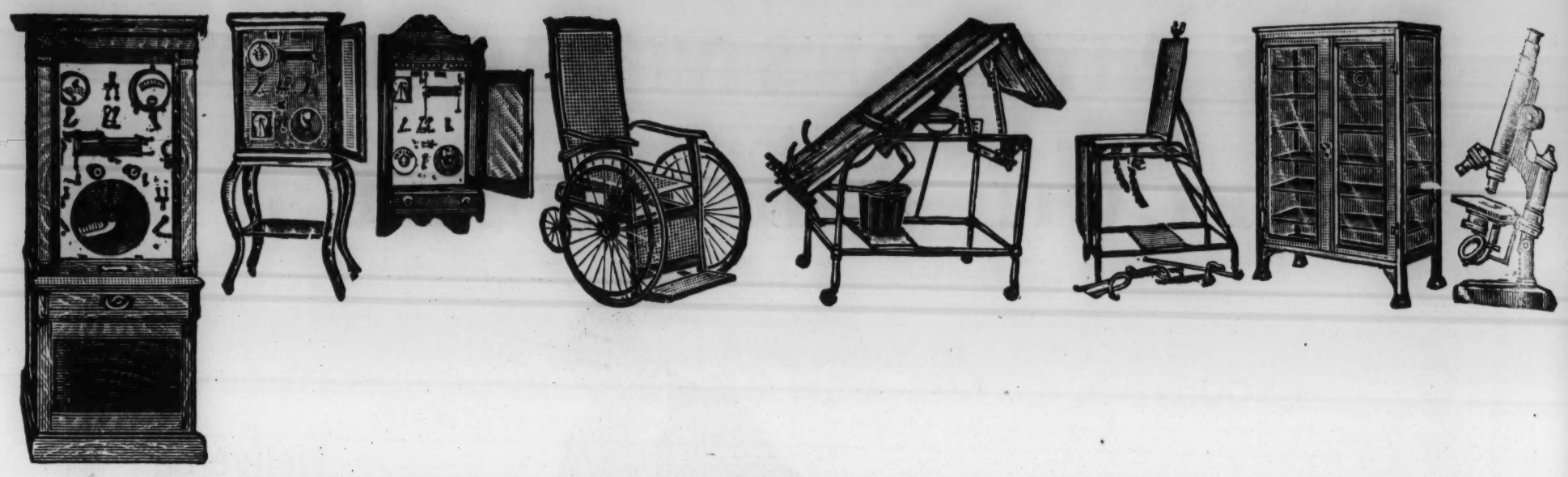

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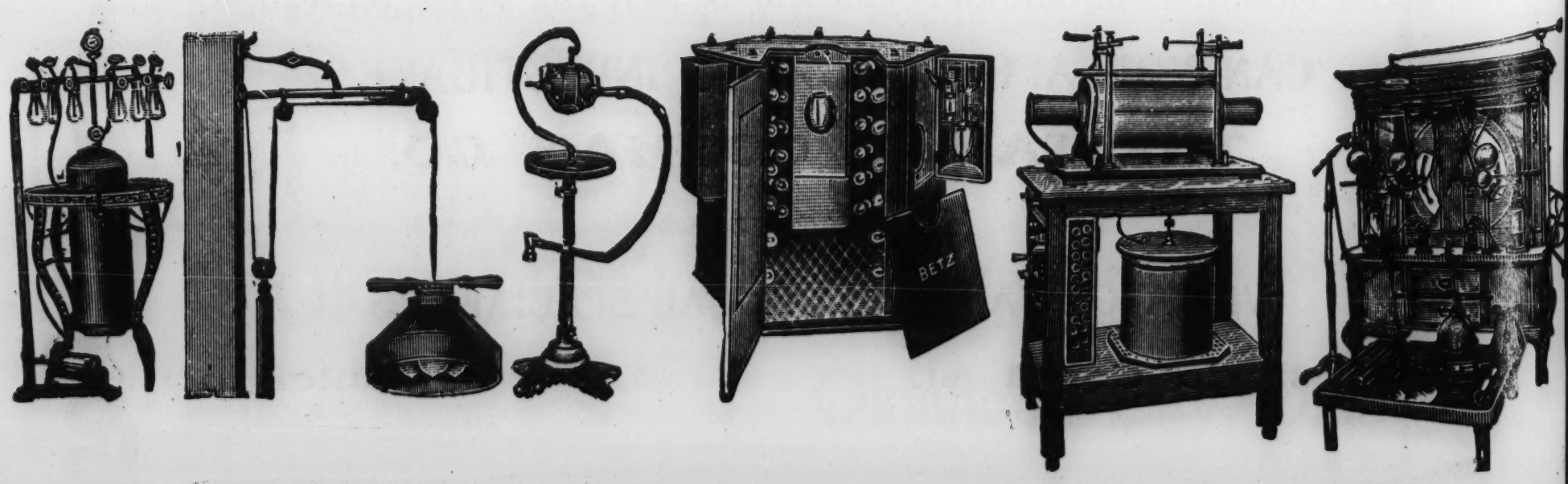

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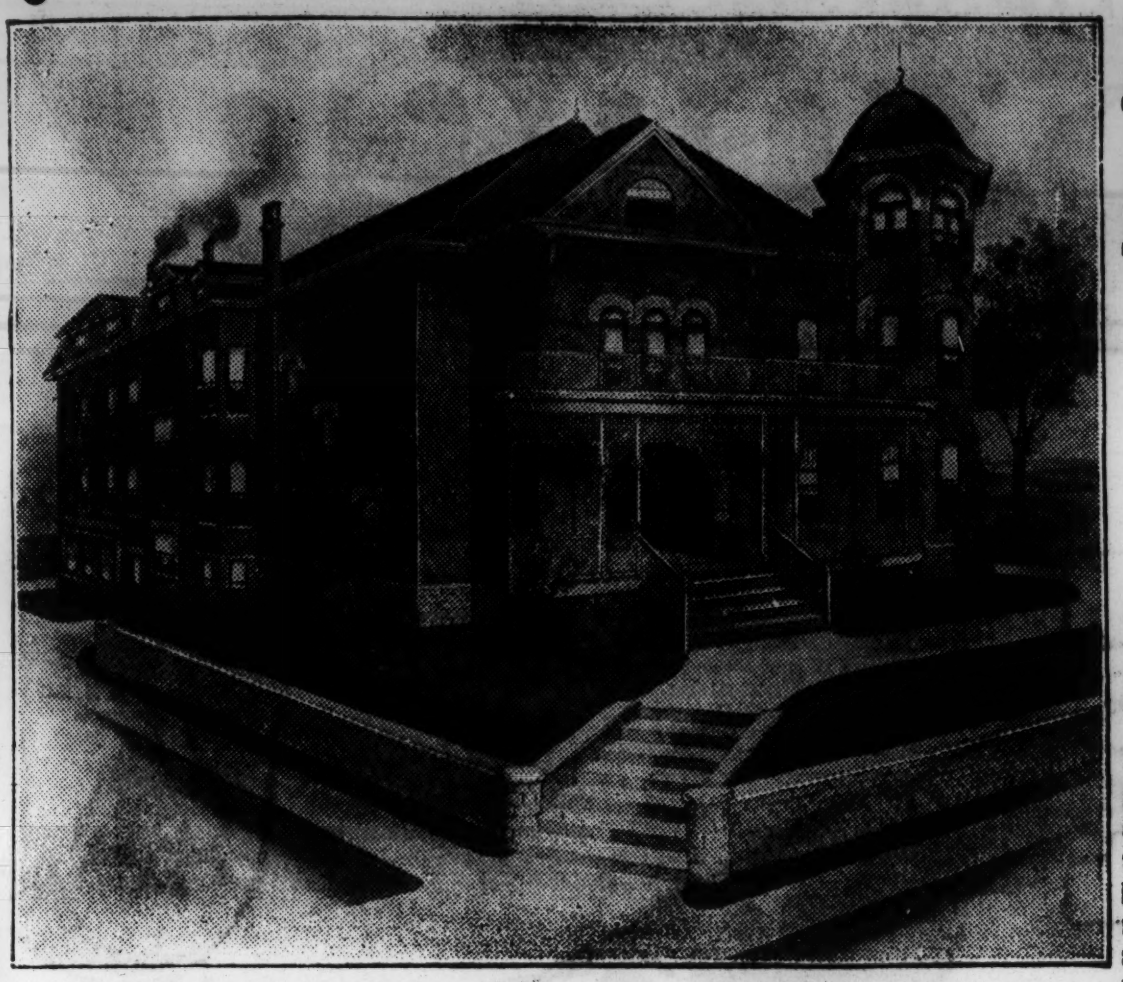

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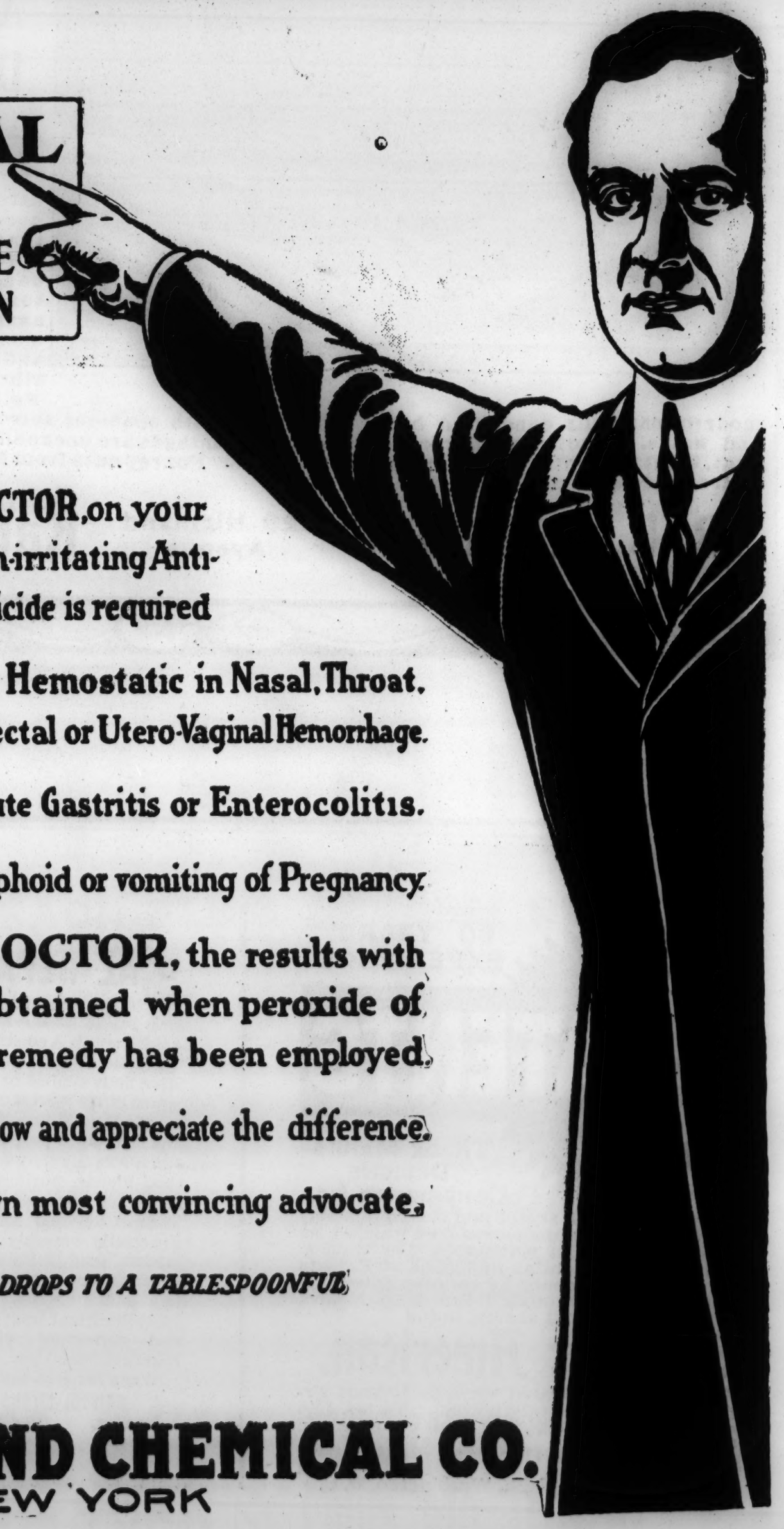

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